



703 X 90
102 X 4

RECEIVED

JUN 01 2001

TECH CENTER 1621 900+

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/01. OMB 0593-0002
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/304,298	
	Filing Date	05/03/99	
	First Named Inventor	Taggart II, et al.	
	Group Art Unit	1621	
	Examiner Name	Michael L. Shippen	
Total Number of Pages in This Submission	21	Attorney Docket Number	SHELL-TH1118

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Office Action	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Marked Up Copy of Claims
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Paula D. Morris, Reg. No. 31,516
Signature	<i>Paula Morris</i>
Date	5-25-01

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5/25/01	
Typed or printed name	Ellen Peacock
Signature	<i>Ellen Peacock</i>
Date	5/25/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

JUN 01 2001

A circular ink stamp from the U.S. Patent and Trademark Office. The text "U.S. PATENT & TRADEMARK OFFICE" is arranged in a circle around the date "MAY 29 2001". The stamp is slightly tilted and has some ink bleed-through from the reverse side.

Approved for use through 9/30/2000. OMB USE 9/23/99
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

*Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.*

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SBI09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT	(\$)	1940.00
--------------------------------	-------------	----------------

Complete if Known

Application Number	09/304,398
Filing Date	May 3, 1999
First Named Inventor	Taggart, et al.
Examiner Name	Michael L. Shippen
Group / Art Unit	1621
Attorney Docket No.	SHELL-TH1118

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	50-0997 (SHELL-TH1118)
Deposit Account Name	Paula D. Morris & Associates, P.C.

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17
- ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☒ **Payment Enclosed:**

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	790	201	395	Utility filing fee	
106	330	206	165	Design filing fee	
107	540	207	270	Plant filing fee	
108	790	208	395	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1)	(\$)	00.00
---------------------	-------------	--------------

2. EXTRA CLAIM FEES

		Extra Claims		Fee from below	Fee Paid
Total Claims	<input type="text"/>	- 20** = <input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Independent Claims	<input type="text"/>	- 3** = <input type="text"/>	X	<input type="text"/>	= <input type="text"/>
Multiple Dependent	<input type="text"/>			<input type="text"/>	= <input type="text"/>

****or number previously paid, if greater; For Reissues, see below**

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	82	209	41	** Reissue independent claims over original patent
110	22	210	11	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)	00.00
---------------------	-------------	--------------

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for reexamination
112	920*	112	920*	Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	950	217	475	Extension for reply within third month
118	1,510	218	755	Extension for reply within fourth month
128	2,060	228	1,030	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,320	241	660	Petition to revive - unintentional
142	1,320	242	660	Utility issue fee (or reissue)
143	450	243	225	Design issue fee
144	670	244	335	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))
Other fee (specify) _____ fee for additional claims				1940
Other fee (specify) _____				

* Reduced by Basic Filing Fee Paid	SUBTOTAL (3)	(\$)	1940.00
------------------------------------	---------------------	-------------	----------------

SUBMITTED BY

Typed or Printed Name	PAULA D. MORRIS
--------------------------	------------------------

Printed Name	_____
Signature	<i>[Handwritten Signature]</i>

Complete (if applicable)

Reg. Number	31,516
-------------	--------

Deposit Account User ID	50-0997
----------------------------	----------------

Burden Hour Statement This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**